

Date Completed: 

# My Health LA

## REQUEST TO ADD/DELETE DENTAL SERVICES TO AN EXISTING APPROVED SITE

(CLICK IN WHITE BOXES TO COMPLETE FORM)☐ ADD DENTAL SERVICES☐ DELETE DENTAL SERVICES

Effective Date:			
Agency Name:			
Clinic Site Name:			
Address:			
City/State:		ZIP Code:	
Telephone No.:		Fax No.:	

Number of Dental Chairs at this site:	
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**Comments/Justification:**
